



# ABC Craft Training Application (Member Company Trainees)

Select an ABC Craft Course:

<input type="checkbox"/> Calculation Layout	<input type="checkbox"/> Core	<input type="checkbox"/> Core+	<input type="checkbox"/> Electrical 4*
<input type="checkbox"/> Electrical 1*	<input type="checkbox"/> Electrical 2*	<input type="checkbox"/> Electrical 3*	<input type="checkbox"/> Instrumentation
<input type="checkbox"/> Heavy Equip 1	<input type="checkbox"/> Heavy Equip 2	<input type="checkbox"/> Heavy Equipment 3	<input type="checkbox"/> Safety Professional
<input type="checkbox"/> Mobile Crane	<input type="checkbox"/> Pipefitting	<input type="checkbox"/> Rigger/Signal Person	
<input type="checkbox"/> Welding Level 1	<input type="checkbox"/> Welding Level 2		

Office Use Only:    Spring       Summer       Fall      Year \_\_\_\_\_

Course Title \_\_\_\_\_ Instructor \_\_\_\_\_

**Section #1** (To be completed by trainee)

Date of Application: \_\_\_\_\_ Your ABC Member Employer: \_\_\_\_\_

Your name: \_\_\_\_\_  
                                 First                                      Middle    Last

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                                 Street    City/State    ZIP Code

Street Address: \_\_\_\_\_  
                                 Street    City/State    ZIP Code

Email Address: \_\_\_\_\_

Telephone Number: Home (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact's Relationship to you: \_\_\_\_\_

Emergency Contact Phone: (     ) \_\_\_\_\_

Number of years in the craft trade? \_\_\_\_\_ Have you attended ABC Craft Training Classes before? Yes \_\_\_ No \_\_\_

Other than ABC where did you last attend training? \_\_\_\_\_ When did you last attend? \_\_\_\_\_

Craft(s) and Level (s) Completed: \_\_\_\_\_

**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section #2** (To be completed by ABC Member Company)

Employee Hire Date: \_\_\_\_\_ Time in current position: \_\_\_\_\_

Current Job Title or Classification: \_\_\_\_\_

Direct Supervisor Contact Information: Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Office: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Sponsoring Company Authorized Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Office: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

**Section #2 continued** (To be completed by ABC Member Company)

I understand that all fees associated with classes including books, NCCERconnect, and materials are billed to the company. Companies will be billed an administrative fee for each trainee enrolled whether or not they attend class. Companies will be billed a monthly seat for any trainee attending one or more class during each calendar month's billing period. The company will continue to be billed for the trainee in the classroom until ABC is notified in writing that the trainee is no longer with the company. \_\_\_\_\_ (Initial)

I understand that a trainee with 4 or more absences per semester will be dropped from the course and notified by ABC Central California staff. Two times being tardy/ leaving early constitutes one absence. \_\_\_\_\_ (Initial)

I understand that all module written and hands on exams must be successfully completed to advance to the next level with a 70% or better. CORE Curriculum must be completed prior to receiving an NCCER trainee card or participating in ABC graduation. Class schedules are subject to change and are based on NCCER suggested hours as well as availability of hands on equipment. \_\_\_\_\_ (Initial)

**\*ELECTRICAL PROGRAM ONLY\***

I understand that trainees who are living/working 60 or more miles from the Craft Training Program location are eligible to participate in Distance Learning. Please contact the Training Department to obtain a Distance Learning Application. The member company and trainee will need to complete the Distance Learning Agreement and the trainee(s) will be required to comply with the guidelines as defined in the Distance Learning Agreement. \_\_\_\_\_ (Initials)

I understand that Proof of Enrollment letters will be sent to the sponsoring company for those trainees who successfully enroll with ABC. Drop letters will be sent to the DAS (Department of Apprenticeship Standards) for those trainees that do not meet program requirements. Trainees must complete 90 hours of instruction per semester and pass all module exams to complete a level and/or be accepted into the next level or semester. \_\_\_\_\_ (Initials)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Associated Builders and Contractor Central California Chapter member firms do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, age, disability, union affiliation, marital status or any other legally protected status. No question on this application is intended to secure information to be used for the purpose of discrimination.